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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A 371 OF PCT/US99/25091 10/25/1999  
WHICH CLAIMS BENEFIT OF 60/105,731 10/26/1998  
AND CLAIMS BENEFIT OF 60/105,876 10/27/1998  
AND CLAIMS BENEFIT OF 60/141,175 06/25/1999 *intt*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\****None/m It*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 35	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Maher Haddad</i> Examiner's Signature	<i>mit</i> Initials			

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**TITLE**

Compositions and methods for treating polycystic kidney disease

<b>FILING FEE RECEIVED</b> 2148	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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